

PART B - FEE(S) TRANSMITTAL

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27189

7590

08/04/2006

PROCOPIO, CORY, HARGREAVES & SAVITCH LLP
530 B STREET
SUITE 2100
SAN DIEGO, CA 92101

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Silvia Corona	(Depositor's name)
<i>[Signature]</i>	(Signature)
8-16-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/709,758	11/10/2000	Oleg Y. Abramov	031356.0009.UTLT 111150-014UTLT	4756

TITLE OF INVENTION: DYNAMICALLY OPTIMIZED SMART ANTENNA SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 \$700	\$0	\$0	\$1400 \$700.00	11/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, BLANE J	2618	455-280000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 01 FC:2501
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 08/17/2006 TBESHAN2 00000028.502075 09709758
 PROCOPIO, Cory,
 Hargreaves & Savitch

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Airgain, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Carlsbad, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2025 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

[Signature]

Date

8/16/06

Typed or printed name

Richard E. Campbell

Registration No.

34,190

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